

Read Only Form

Kmart (810) Invoice

Header and Summary

Invoice Date:	01/21/2019:	Invoice No:	3421:	Invoice Type:	First Cost Invoice:
PO No :	08781017530:	Contact Name:	JOHN DEBRUITO:	Contact Email:	PRODUCTION.BLUESTAR@GMAIL.COM:
For JIT PO - The PO # must be entered as follows: 0 + last 4 digit from the Ship to Duns + last 6 digit from JIT PO No.:					
Terms Type:	Previously agreed upon:				
Disc Percent:	4.5:	Net Days:	20:	Method of Pay:	Collect:
Disc Amount:	77.22:	Net Due Date:	02/09/2019:	Loc Qualifier:	City and State:
Disc Days Due:	20:	Deferred Due Date:	.....:	Loc Descript:	CITY OF INDUSTRY:
Disc Due Date:	.....:	Deferred Amt Due:	.....:	Agency Qualifier:	Remit To DUNS: 00079173201
Transport Type:	Motor:				
Ship To DUNS + 4:	0003947268781				
Bill of Lading #:	Required and must match BOL # from the ASN - except for Small Packages Shipments.:				
Code:	Description:				
Allowance::				
Charge::				
Total Inv Amt:	1716:	No of Ln Items:	1:	Ship Qty / UOM:	26: Case

Line Item Details

ID	*Qty Invoiced	*Unit Price	*Product Type 1	*Product ID 1	*Product Type 2	*Product ID 2	Product Type 3	Product ID 3	Product Type 4	Product ID 4	*Item Description	Pack Size	Size UOM	No of Cartons	Allow Percent	Allow Rate	Allow Method of Handling	Allow Description	Monetary Amount	Amount
1	26	Case	66	Buyer Item No (KSN)	001311936	14 digit GTIN No	PR	RO			CDEST DENIM JEGGING 8PC BRIDAL ROSE	8	8	Each						1716.000

Read Only Form

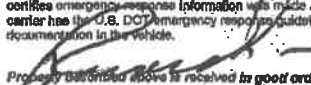
Kmart (810) Invoice

Header and Summary

Invoice Date:	01/21/2019:	Invoice No:	3422:	Invoice Type:	First Cost Invoice:
PO No :	08781017535:	Contact Name:	JOHN DEBRITTO:	Contact Email:	PRODUCTION.BLUESTAR@GMAIL.COM:
For JIT PO - The PO # must be entered as follows: 0 + last 4 digit from the Ship to Duns + last 6 digit from JIT PO No.:					
Terms Type:					
Disc Percent:	4.5:	Net Days:	Discount Not Applicable:	Terms Date:	Previously agreed upon:
Disc Amount:	181.91:	Net Due Date:	20:	Method of Pay:	Collect:
Disc Days Due:	20:	Deferred Due Date:	02/09/2019:	Loc Qualifier:	City and State:
Disc Due Date:	.....	Deferred Amt Due:	.....	Loc Descript:	CITY OF INDUSTRY:
Transport Type:	.....	Motor:	Deferred Amt Due:	Agency Qualifier:	Remit To DUNS: 00079173201
Ship To DUNS + 4:	0003947268781				VICS:
Bill of Lading #:					
Code:					Required and must match BOL # from the ASN - except for Small Packages Shipments.:
Allowance:	.....		Amount:	Method of Handling:	Description:
Charge:	.....		.....	.....	.....
Total Inv Amt:	4042.5:	No of Ln Items:	1:	Ship Qty / UOM:	49: Case

Line Item Details

ID	*Qty Invoiced	*Unit Price	*Unit	*Product Type 1	*Product ID 1	*Product Type 2	*Product ID 2	Product Type 3	Product ID 3	Product Type 4	Product ID 4	*Item Description	Pack Size	Size UOM	No of Cartons	Allow Percent	Allow Rate	Allow Method of Handling	Allow Description	Monetary Amount	Amount
1	49	Case	82.5	Buyer Item No (KSN)	001311928	14 digit GTIN No	0841708148317	PR	RO			C DEST DENIM JEGGING 10PC BRIDAL ROSE	10	10	Each						+042.500

Date: 01/21/2019		BILL OF LADING		Page <u>1</u>		
SHIP FROM			SHIP TO			
Name: Bluestar Fashion / UNION LOGISTICS Address: 14700 Nelson Ave City/State/Zip: City of Industry CA 91744 SID#: _____ FOB: <input type="checkbox"/>			Load# 19011700456 CARRIER NAME: Dart Trailer number: 53512 Seal number(s): 9215153 SCAC: _____ Pro number: _____			
Name: Kmart/Sears Address: 1475 Nitterhouse dR City/State/Zip: Chambersburg, PA 17201 CID#: _____ FOB: <input type="checkbox"/>			BAR CODE SPACE Freight Charge Terms: (freight charges are prepaid unless marked otherwise) Prepaid <input checked="" type="checkbox"/> Collect _____ 3rd Party _____ <input type="checkbox"/> (check box) Master Bill of Lading with attached underlying Bills of Lading			
THIRD PARTY FREIGHT CHARGES BILL TO: Name: _____ Address: _____ City/State/Zip: _____ SPECIAL INSTRUCTIONS: _____						
CUSTOMER ORDER INFORMATION						
CUSTOMER ORDER NUMBER		# PKGS	#Pallet	PALLET/SLIP (CIRCLE ONE)	ADDITIONAL SHIPPER INFO	
08781017544		302	5		Bo#08117990209369945	
08781017530		26	1		Bo#08117990209364735	
08781017523		19	1		Bo#08117990209364148	
08781017535		49	1		Bo#08117990209365794	
				Y N		
GRAND TOTAL		396	8			
CARRIER INFORMATION						
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION
QTY	TYPE	QTY	TYPE			<small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(f) of NMFC Item 390</small>
8	PLt	396	ctns	5536		
GRAND TOTAL						
Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property as follows: "The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____."					COD Amount: \$ _____ Fee Terms: Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/>	
NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. § 1470(c)(1)(A) and (B). RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request, and to all applicable state and federal regulations.						
SHIPPER SIGNATURE / DATE <small>This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the U.S. DOT.</small>					Signature _____ Shipper	
Trailer Loaded: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver		Freight Counted: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain. <input type="checkbox"/> By Driver/Places		CARRIER SIGNATURE / PICKUP DATE <small>Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the U.S. DOT emergency response guidebook, or equivalent documentation in the vehicle.</small>  <small>Property described above is received in good order, except as noted.</small>		

1/21/19

Read Only Form

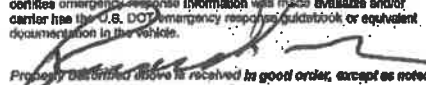
Kmart (810) Invoice

Header and Summary

Invoice Date:	01/21/2019:	Invoice No:	3423:	Invoice Type:	First Cost Invoice:
PO No :	08781017523:	Contact Name:	JOHN DEBRITTO:	Contact Email:	PRODUCTION.BLUESTAR@GMAIL.COM:
For JIT PO - The PO # must be entered as follows: 0 + last 4 digit from the Ship to Duns + last 6 digit from JIT PO No.:					
Terms Type:	Discount Not Applicable:	Terms Date:	Previously agreed upon:		
Disc Percent:	4.5:	Net Days:	Collect:		
Disc Amount:	63.48:	Net Due Date:	City and State:		
Disc Days Due:	20:	Deferred Due Date:	CITY OF INDUSTRY:		
Disc Due Date:	.....	Deferred Amt Due:	Remit To DUNS: 00079173201		
Transport Type:	Motor:	Agency Qualifier:	VICS:		
Ship To DUNS + 4:	0003947268781				
Bill of Lading #:					
Code:	Amount:	Method of Handling:	08117990209364148:	Required and must match BOL # from the ASN - except for Small Packages Shipments.:	
Allowance:	.....	.....	.....	Description:	
Charge:	.....	.....	.....	.....
Total Inv Amt:	1410.75:	No of Ln Items:	1:	Ship Qty / UOM:	19: Case

Line Item Details

ID	*Qty Invoiced	*Unit Type	*Unit Price	*Product Type 1	*Product Type 2	*Product ID 1	*Product ID 2	Product Type 3	Product ID 3	Product Type 4	Product ID 4	*Item Description	Pack Size	Size UOM	No of Cartons	Allow Percent	Allow Rate	Allow Method of Handling	Allow Description	Monetary Amount	Amount
1	19	Case	74.25	Buyer Item No (KSN)	001311938	14 digit GTIN No	00841708148331	PR	RO			C D E S T D E N I M J E G G I N G 9 P C B R I D A L R O S E	9	Each							1410.750

Date: 01/21/2019		BILL OF LADING		Page <u>1</u>		
SHIP FROM			SHIP TO			
Name: Bluestar Fashion / UNION LOGISTICS Address: 14700 Nelson Ave City/State/Zip: Cjty of Industry CA 91744 SID#: _____ FOB: <input type="checkbox"/>			Load# 19011700456 CARRIER NAME: Dart Trailer number: <u>53512</u> Seal number(s): <u>9215153</u> SCAC: _____ Pro number: _____			
Name: Kmart/Sears Address: 1475 Nitterhouse dR City/State/Zip: Chambersburg, PA 17201 CID#: _____ FOB: <input type="checkbox"/>			BAR CODE SPACE			
THIRD PARTY FREIGHT CHARGES BILL TO: Name: _____ Address: _____ City/State/Zip: _____						
SPECIAL INSTRUCTIONS:			Freight Charge Terms: (freight charges are prepaid unless marked otherwise) Prepaid <input checked="" type="checkbox"/> Collect _____ 3rd Party _____ <input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading (check box)			
CUSTOMER ORDER INFORMATION						
CUSTOMER ORDER NUMBER		# PKGS	#Pallet	PALLET/SLIP (CIRCLE ONE)	ADDITIONAL SHIPPER INFO	
08781017544		302	5		Bo#08117990209369945	
08781017530		26	1		Bo#08117990209364735	
08781017523		19	1		Bo#08117990209364148	
08781017535		49	1		Bo#08117990209365794	
				Y N		
GRAND TOTAL		396	8			
CARRIER INFORMATION						
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 350</small>
QTY	TYPE	QTY	TYPE			
8	PLt	396	ctns	5536		LTL ONLY
						NMFC # CLASS
GRAND TOTAL						
Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property as follows: The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____.					COD Amount: \$ _____ Fee Terms: Collect: <input type="checkbox"/> Prepaid: <input checked="" type="checkbox"/> Customer check acceptable: <input type="checkbox"/>	
NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. § 14706(c)(1)(A) and (B). RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request, and to all applicable state and federal regulations.						
SHIPPER SIGNATURE / DATE <small>This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the U.S. DOT.</small>					The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges. Signature: _____ Shipper	
Trailer Loaded: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver		Freight Counted: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Placess		CARRIER SIGNATURE / PICKUP DATE <small>Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the U.S. DOT emergency response guidebook or equivalent documentation in the vehicle.</small>  <small>Property described above is received in good order, except as noted.</small>		

1/21/19

Read Only Form

Kmart (810) Invoice

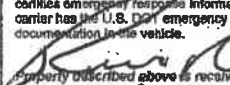
Header and Summary

Invoice Date:	01/21/2019:	Invoice No:	3424:	Invoice Type:	First Cost Invoice:
PO No :	08781017543:	Contact Name:	JOHN DEBRITTO:	Contact Email:	PRODUCTION.BLUESTAR@GMAIL.COM:
For JIT PO - The PO # must be entered as follows: 0 + last 4 digit from the Ship to Duns + last 6 digit from JIT PO No.					
Terms Type:	Discount Not Applicable:		Terms Date:	Previously agreed upon:	
Disc Percent:	4.5:	Net Days:	20:	Collect:	
Disc Amount:	4138.24:	Net Due Date:	02/09/2019:	City and State:	
Disc Days Due:	20:	Deferred Due Date:	.....	CITY OF INDUSTRY:	
Disc Due Date:	.....	Motor:	Deferred Amt Due:	Remit To DUNS: 00079173201	
Transport Type:	Ship To DUNS + 4: 0003947268781		Agency Qualifier:	VICIS:	
Bill of Lading #:	Amount:		Method of Handling:	Required and must match BOL # from the ASN - except for Small Packages Shipments.:	
Code:	.....		.....	Description:	
Allowance:	.....		.....	.....
Charge:	.....		.....	.....
Total Inv Amt:	91960.96:	No of La Items:	16:	Ship Qty / UOM: 10404: Each	

Line Item Details

ID	*Qty Invoiced	*Unit Type	*Unit Price	*Product Type 1	*Product ID 1	*Product Type 2	*Product ID 2	Product Type 3	Product ID 3	Product Type 4	Product ID 4	*Item Description	Pack Size	Size UOM	No of Cartons	Allow Percent	Allow Rate	Allow Method of Handling	Allow Description	Monetary Amount	Amount
1	420	Each	8.839	Buyer Item No (KSN)	008241413	14 digit GTIN No	00841708120984	12 digit UPC Code	841708120984	Vendor Item No	S6355	PULL ON LE DARK WASH 2	12	1	Each					3712.380	3712.380
2	444	Each	8.839	Buyer Item No (KSN)	008262427	14 digit GTIN No	00841708120993	12 digit UPC Code	841708120993	Vendor Item No	S6355	PULL ON LE DARK WASH 4	12	1	Each					3924.516	3924.516
3	588	Each	8.839	Buyer Item No (KSN)	008314565	14 digit GTIN No	00841708121006	12 digit UPC Code	841708121006	Vendor Item No	S6355	PULL ON LE DARK WASH 6	12	1	Each					5197.332	5197.332
4	888	Each	8.839	Buyer Item No (KSN)	008314566	14 digit GTIN No	00841708121013	12 digit UPC Code	841708121013	Vendor Item No	S6355	PULL ON LE DARK WASH 8	12	1	Each					7849.032	7849.032
5	948	Each	8.839	Buyer Item No (KSN)	008592911	14 digit GTIN No	00841708121020	12 digit UPC Code	841708121020	Vendor Item No	S6355	PULL ON LE DARK WASH 10	12	1	Each					8379.372	8379.372
6	972	Each	8.839	Buyer Item No (KSN)	008702124	14 digit GTIN No	00841708121037	12 digit UPC Code	841708121037	Vendor Item No	S6355	PULL ON LE DARK WASH 12	12	1	Each					8591.508	8591.508
7	900	Each	8.839	Buyer Item No (KSN)	008702125	14 digit GTIN No	00841708121044	12 digit UPC Code	841708121044	Vendor Item No	S6355	PULL ON LE DARK WASH 14	12	1	Each					7955.100	7955.100
8	444	Each	8.839	Buyer Item No (KSN)	008702135	14 digit GTIN No	00841708121051	12 digit UPC Code	841708121051	Vendor Item No	S6355	PULL ON LE DARK WASH 16	12	1	Each					3924.516	3924.516
9	396	Each	8.839	Buyer Item No (KSN)	009327464	14 digit GTIN No	00841708121075	12 digit UPC Code	841708121075	Vendor Item No	S6355	PULL ON LE BLACK RINSE 2	12	1	Each					3500.244	3500.244

10	360	Each	8.839	Buyer Item No (KSN)	009327465	14 digit GTIN No	00841708121082	12 digit UPC Code	841708121082	Vendor Item No	S6355	PULL ON LE BLACK RINSE 4	12	1	Each					3182.040
11	492	Each	8.839	Buyer Item No (KSN)	009327466	14 digit GTIN No	00841708121099	12 digit UPC Code	841708121099	Vendor Item No	S6355	PULL ON LE BLACK RINSE 6	12	1	Each					4348.788
12	756	Each	8.839	Buyer Item No (KSN)	009327635	14 digit GTIN No	00841708121105	12 digit UPC Code	841708121105	Vendor Item No	S6355	PULL ON LE BLACK RINSE 8	12	1	Each					6682.284
13	744	Each	8.839	Buyer Item No (KSN)	009327636	14 digit GTIN No	00841708121112	12 digit UPC Code	841708121112	Vendor Item No	S6355	PULL ON LE BLACK RINSE 10	12	1	Each					6576.216
14	828	Each	8.839	Buyer Item No (KSN)	009327638	14 digit GTIN No	00841708121129	12 digit UPC Code	841708121129	Vendor Item No	S6355	PULL ON LE BLACK RINSE 12	12	1	Each					7318.692
15	816	Each	8.839	Buyer Item No (KSN)	009327639	14 digit GTIN No	00841708121136	12 digit UPC Code	841708121136	Vendor Item No	S6355	PULL ON LE BLACK RINSE 14	12	1	Each					7212.624
16	408	Each	8.839	Buyer Item No (KSN)	009327640	14 digit GTIN No	00841708121143	12 digit UPC Code	841708121143	Vendor Item No	S6355	PULL ON LE BLACK RINSE 16	12	1	Each					3606.312

Date: 01/21/2019		BILL OF LADING		Page <u>1</u>	
SHIP FROM			SHIP TO		
Name: Bluestar Fashion / UNION LOGISTICS Address: 14700 Nelson Ave City/State/Zip: City of Industry, CA 91744 SID#: _____ FOB: <input type="checkbox"/>			Load# 19011700455 CARRIER NAME: Dart Trailer number: 53412 Seal number(s): 9614153 SCAC: _____ Pro number: _____		
Name: Kmart/Sears Location #: _____ Address: 1475 Nitterhouse dR City/State/Zip: Chambersburg, PA 17201 CID#: _____ FOB: <input type="checkbox"/>			BAR CODE SPACE Freight Charge Terms: (freight charges are prepaid unless marked otherwise) Prepaid <input checked="" type="checkbox"/> Collect _____ 3rd Party _____ <input type="checkbox"/> Master Bill of Lading with attached underlying Bills of Lading		
THIRD PARTY FREIGHT CHARGES BILL TO:					
Name: _____ Address: _____ City/State/Zip: _____					
SPECIAL INSTRUCTIONS:					
CUSTOMER ORDER INFORMATION					
CUSTOMER ORDER NUMBER		# PKGS	#Pallet	PALLET/SLIP (CIRCLE ONE)	
08781017543		867	12		
				Bo#08117990209372969	
GRAND TOTAL		867	12		
CARRIER INFORMATION					
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)
QTY	TYPE	QTY	TYPE		
12	PLt	867	ctns	11550	
GRAND TOTAL					
Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property as follows: The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____					COD Amount: \$ _____ Fee Terms: Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/>
NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. § 14706(c)(1)(A) and (B). RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request, and to all applicable state and federal regulations.					
The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.					Signature _____ Shipper
SHIPPER SIGNATURE / DATE		Trailer Loaded:		Freight Counted:	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the U.S. DOT.		<input type="checkbox"/> By Shipper		<input type="checkbox"/> By Shipper	
		<input type="checkbox"/> By Driver		<input type="checkbox"/> By Driver/pallets said to contain	
				<input type="checkbox"/> By Driver/Pieces	
CARRIER SIGNATURE / PICKUP DATE Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the U.S. DOT emergency response guidebook or equivalent documentation in the vehicle.  Properly described above is received in good order, except as noted.					

1/24/19

Read Only Form


Kmart (810) Invoice

Header and Summary

Invoice Date:	01/21/2019:	Invoice No:	3425:	Invoice Type:	First Cost Invoice:
PO No.:	08781017544:	Contact Name:	JOHN DEBRITTO:	Contact Email:	PRODUCTION.BLUESTAR@GMAIL.COM:
For JIT PO - The PO # must be entered as follows: 0 + last 4 digit from the Ship to Duns + last 6 digit from JIT PO No.:					
Terms Type:	Discount Not Applicable:		Terms Date:	Previously agreed upon:	
Disc Percent:	4.5:	Net Days:	20:	Method of Pay:	Collect:
Disc Amount:	1441.46:	Net Due Date:	02/09/2019:	Loc Qualifier:	City and State:
Disc Days Due:	20:	Deferred Due Date:	.....	Loc Descript:	CITY OF INDUSTRY:
Disc Due Date:	.....	Motor:	Deferred Amt Due:	Agency Qualifier:	Remit To DUNS: 00079173201
Transport Type:	Ship To DUNS + 4: 0003947268781		VICIS:		
Bill of Lading #:	Required and must match BOL # from the ASN - except for Small Packages Shipments.:				
Code:	Amount:		Method of Handling:	Description:	
Allowance:	.....		.....	.....
Charge:	.....		.....	.....
Total Inv Amt:	32032.54:	No of Ln Items:	8:	Ship Qty / UOM:	3624: Each

Line Item Details

ID	*Qty Invoiced	*Unit Type	*Unit Price	*Product Type 1	*Product ID 1	*Product Type 2	*Product ID 2	Product Type 3	Product ID 3	Product Type 4	Product ID 4	*Item Description	Pack Size	Size UOM	No of Cartons	Allow Percent	Allow Rate	Allow Method of Handling	Allow Description	Monetary Amount	Amount	
1	312	Each	8.839	Buyer Item No (KSN)	009497920	14 digit GTIN No	0841708121167	12 digit UPC Code	841708121167	Vendor Item No	S6355	PULL ON LE MEDIUM WASH 2	12	1	Each						2757.768	
2	288	Each	8.839	Buyer Item No (KSN)	009497921	14 digit GTIN No	0841708121174	12 digit UPC Code	841708121174	Vendor Item No	S6355	PULL ON LE MEDIUM WASH 4	12	1	Each						2545.632	
3	360	Each	8.839	Buyer Item No (KSN)	009497922	14 digit GTIN No	0841708121181	12 digit UPC Code	841708121181	Vendor Item No	S6355	PULL ON LE MEDIUM WASH 6	12	1	Each						3182.040	
4	564	Each	8.839	Buyer Item No (KSN)	009497923	14 digit GTIN No	0841708121198	12 digit UPC Code	841708121198	Vendor Item No	S6355	PULL ON LE MEDIUM WASH 8	12	1	Each						4985.196	
5	624	Each	8.839	Buyer Item No (KSN)	009497924	14 digit GTIN No	0841708121204	12 digit UPC Code	841708121204	Vendor Item No	S6355	PULL ON LE MEDIUM WASH 10	12	1	Each						5515.536	
6	624	Each	8.839	Buyer Item No (KSN)	009497925	14 digit GTIN No	0841708121211	12 digit UPC Code	841708121211	Vendor Item No	S6355	PULL ON LE MEDIUM WASH 12	12	1	Each						5515.536	
7	576	Each	8.839	Buyer Item No (KSN)	009497926	14 digit GTIN No	0841708121228	12 digit UPC Code	841708121228	Vendor Item No	S6355	PULL ON LE MEDIUM WASH 14	12	1	Each						5091.264	
8	276	Each	8.839	Buyer Item No (KSN)	009497927	14 digit GTIN No	0841708121235	12 digit UPC Code	841708121235	Vendor Item No	S6355	PULL ON LE MEDIUM WASH 16	12	1	Each						2439.564	

SHIP FROM							
Name: Bluestar Fashion / UNION LOGISTICS	Load# 19011700456						
Address: 14700 Nelson Ave City/State/Zip: City of Industry CA 91744							
SID#: FOB: <input type="checkbox"/>							
SHIP TO							
Name: Kmart/Sears Location #: _____ Address: 1475 Nitterhouse DR City/State/Zip: Chambersburg, PA 17201	CARRIER NAME: Dart Trailer number: 53512 Seal number(s): 9215153						
CID#: FOB: <input type="checkbox"/>	SCAC: Pro number:						
THIRD PARTY FREIGHT CHARGES BILL TO:							
Name: Address: City/State/Zip:	BAR CODE SPACE						
SPECIAL INSTRUCTIONS:							
Master Bill of Lading: with attached underlying Bills of Lading <input type="checkbox"/> (check box)							
CUSTOMER ORDER INFORMATION							
CUSTOMER ORDER NUMBER	# PKGS	#Pallet	PALLET/SLIP (CIRCLE ONE)	ADDITIONAL SHIPPER INFO			
08781017544	302	5		Bol#08117990209369945			
08781017530	26	1		Bol#08117990209364735			
08781017523	19	1		Bol#08117990209364148			
08781017535	49	1		Bol#08117990209365794			
			Y N				
GRAND TOTAL	396	8					
CARRIER INFORMATION							
HANDLING UNIT	PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Reg 350.</small>	LTL ONLY	
QTY	TYPE	QTY				TYPE	NMFC #	CLASS
8	Plt	396	ctns	5536			
GRAND TOTAL							
Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property as follows: The agreed or declared value of the property is specifically stated by the shipper to be not exceeding \$_____ per _____.					COD Amount: \$_____ Fee Terms: Collect: <input type="checkbox"/> Prepaid: <input checked="" type="checkbox"/> Customer check acceptable: <input type="checkbox"/>		
NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. § 1470(c)(1)(A) and (B). RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request, and to all applicable state and federal regulations.					The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges. Shipper Signature: _____		
SHIPPER SIGNATURE / DATE <small>This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the U.S. DOT.</small>		Trailer Loaded: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver		Freight Counted: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain. <input type="checkbox"/> By Driver/Pieces		CARRIER SIGNATURE / PICKUP DATE <small>Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the U.S. DOT Emergency Response Guidebook or equivalent documentation in the vehicle.</small>  Property described above is received in good order, except as noted.	

Read Only Form

Kmart (810) Invoice

Header and Summary

Invoice Date:	01/23/2019:	Invoice No:	3426:	Invoice Type:	First Cost Invoice:
PO No :	08780043339:	Contact Name:	JOHN DEBRITTO:	Contact Email:	PRODUCTION.BLUESTAR@GMAIL.COM:

For JIT PO - The PO # must be entered as follows: 0 + last 4 digit from the Ship to Duns + last 6 digit from JIT PO No..

Terms Type:	Previously agreed upon:
Disc Percent:	Collect:
Disc Amount:	City and State:
Disc Days Due:	CITY OF INDUSTRY:
Disc Due Date:	Remit To DUNS: 00079173201
Transport Type:	VICS:
Ship To DUNS + 4:	0003947268780

Bill of Lading #:

Code:	08117990209364537:	Required and must match BOL # from the ASN - except for Small Packages Shipments.:
Allowance:	Method of Handling:	Description:
Charge:	Ship Qty / UOM:	20: Case

Total Inv Amt:	1320:	No of Ln Items:	1:
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Line Item Details

ID	*Qty Invoiced	*Unit Price	*Product Type 1	*Product Type 2	*Product ID 2	Product Type 3	Product ID 3	Product Type 4	Product ID 4	*Item Description	Pack Size	Size UOM	No of Cartons	Allow Percent	Allow Method of Handling	Allow Description	Monetary Amount
1	20	Case	66	Buyer Item No (KSN)	001311936	14 digit GTIN No	00841708148324	PR	RO	C DEST DENIM JEGGING 8PC BRIDAL ROSE	8	8	Each				1320.000

Date: 01/22/2019		BILL OF LADING		Page <u>1</u>	
SHIP FROM					
Name: Bluestar Fashion / UNION LOGISTICS			Load# 19012200480		
Address: 14700 Nelson Ave					
City/State/Zip: City of Industry CA 91744					
SID#:			FOB: <input type="checkbox"/>		
SHIP TO					
Name: Western Regional Specialty DC		Location #:		CARRIER NAME: Dart	
Address: 3100 MILLIKEN AVE				Trailer number: <u>E 53803</u>	
City/State/Zip: MIRA LOMA, CA 91752				Seal number(s): <u>9215161</u>	
CID#:		FOB: <input type="checkbox"/>		SCAC:	
				Pro number:	
THIRD PARTY FREIGHT CHARGES BILL TO:			BAR CODE SPACE		
Name:					
Address:					
City/State/Zip:					
SPECIAL INSTRUCTIONS:			Freight Charge Terms: (freight charges are prepaid unless marked otherwise) Prepaid <input checked="" type="checkbox"/> Collect <input type="checkbox"/> 3rd Party <input type="checkbox"/>		
			<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading (check box)		
CUSTOMER ORDER INFORMATION					
CUSTOMER ORDER NUMBER		# PKGS	#Pallet	PALLETS/SLIP (CIRCLE ONE)	
08780043353		324	5		
08780043352		990	14		
08780043339		20	1		
08780043333		13	1		
08780043344		42	1	Y	N
GRAND TOTAL		1388	22		
CARRIER INFORMATION					
HANDLING UNIT		PACKAGE		COMMODITY DESCRIPTION	
QTY	TYPE	QTY	TYPE	WEIGHT	H.M. (X)
22	PLt	1388	ctns	18000	
GRAND TOTAL					
Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property as follows: "The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____."					
NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. § 14706(c)(1)(A) and (B). RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request, and to all applicable state and federal regulations.				COD Amount: \$ _____ Fee Terms: Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/>	
SHIPPER SIGNATURE / DATE This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the U.S. DOT.				The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges. Signature _____ Shipper	
Trailer Loaded: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver				Freight Counted: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces	
CARRIER SIGNATURE / PICKUP DATE Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the U.S. DOT emergency response guidebook or equivalent documentation in the vehicle. <u>Robert Acuna</u> Property described above is received in good order, except as noted.					

01-23-19

Read Only Form

Kmart (810) Invoice

Header and Summary

Invoice Date:	01/23/2019:	Invoice No:	3427:	Invoice Type:	First Cost Invoice:
PO No :	08780043344:	Contact Name:	JOHN DEBRITTO:	Contact Email:	PRODUCTION.BLUESTAR@GMAIL.COM:
For JIT PO - The PO # must be entered as follows: 0 + last 4 digit from the Ship to Duns + last 6 digit from JIT PO No.:					
Terms Type:		Discount Not Applicable:		Terms Date:	Previously agreed upon:
Disc Percent:	4.5:	Net Days:	20:	Method of Pay:	Collect:
Disc Amount:	155.93:	Net Due Date:	02/12/2019:	Loc Qualifier:	City and State:
Disc Days Due:	20:	Deferred Due Date:		Loc Descript:	CITY OF INDUSTRY:
Disc Due Date:			Deferred Amt Due:		Remit To DUNS: 00079173201
Transport Type:		Motor:		Agency Qualifier:	VICS:
Ship To DUNS + 4:	0003947268780				
Bill of Lading #:					
Code:		Amount:		Method of Handling:	Required and must match BOL # from the ASN - except for Small Packages Shipments.:
Allowance:					Description:
Charge:					
Total Inv Amt:	3465:	No of Ln Items:	1:	Ship Qty / UOM:	42: Case

Line Item Details

ID	*Qty Invoiced	*Unit Price	*Product Type 1	*Product ID 1	*Product Type 2	*Product ID 2	Product Type 3	Product ID 3	Product Type 4	Product ID 4	*Item Description	Pack Size	Size UOM	No of Cartons	Allow Percent	Allow Rate	Allow Method of Handling	Allow Description	Monetary Amount
1	42	Case	82.5	Buyer Item No (KSN)	001311928	14 digit GTIN No	PR	RO			C DEST DENIM JEGGING 10PC BRIDAL ROSE	10	10 Each						3465.000

01-23-19

Read Only Form

Kmart (810) Invoice

Header and Summary

Invoice Date:	01/23/2019:	Invoice No:	3428:	Invoice Type:	First Cost Invoice:
PO No :	08780043333:	Contact Name:	JOHN DEBRITTO:	Contact Email:	PRODUCTION.BLUESTAR@GMAIL.COM:
For JIT PO - The PO # must be entered as follows: 0 + last 4 digit from the Ship to Duns + last 6 digit from JIT PO No.:					
Terms Type:		Discount Not Applicable:		Terms Date:	Previously agreed upon:
Disc Percent:	4.5:	Net Days:	20:	Method of Pay:	Collect:
Disc Amount:	43.44:	Net Due Date:	02/12/2019:	Loc Qualifier:	City and State:
Disc Days Due:	20:	Deferred Due Date:		Loc Descript:	CITY OF INDUSTRY:
Disc Due Date:			Deferred Amt Due:		Remit To DUNS: 00079173201
Transport Type:			Motor:	Agency Qualifier:	VICS:
Ship To DUNS + 4:	0003947268780				
Bill of Lading #:				08117990209364018:	Required and must match BOL # from the ASN - except for Small Packages Shipments.:
Code:			Amount:	Method of Handling:	Description:
Allowance:					
Charge:					
Total Inv Amt:	965.25:	No of Ln Items:	1:	Ship Qty / UOM:	13: Case

Line Item Details

ID	*Qty Invoiced	*Unit Type	*Unit Price	*Product Type 1	*Product ID 1	*Product Type 2	*Product ID 2	Product Type 3	Product ID 3	Product Type 4	Product ID 4	*Item Description	Pack Size	Size UOM	No of Cartons	Allow Percent	Allow Rate	Allow Method of Handling	Allow Description	Monetary Amount	Amount
1	13	Case	74.25	Buyer Item No (KSN)	001311938	14 digit GTIN No	00841708148331	PR	RO			C DEPT DENIM JEGGING 9PC BRIDAL ROSE	9	9	Each						965.250

Date:01/22/2019

BILL OF LADING

Page 1

Date: 01/22/2019		BILL OF LADING		Page <u> 1 </u>		
<div style="text-align: center; font-weight: bold;">SHIP FROM</div>						
Name: Bluestar Fashion / UNION LOGISTICS			Load# 19012200480			
Address: 14700 Nelson Ave City/State/Zip: City of Industry CA 91744						
SID#: _____			FOB: <input type="checkbox"/>			
<div style="text-align: center; font-weight: bold;">SHIP TO</div>						
Name: Western Regional Specialty DC		Location #: _____		CARRIER NAME: Dart		
Address: 3100 MILLIKEN AVE				Trailer number: K53803		
City/State/Zip: MIRA LOMA , CA 91752				Seal number(s): 9215161		
CID#: _____		FOB: <input type="checkbox"/>		SCAC:		
				Pro number:		
<div style="text-align: center; font-weight: bold;">THIRD PARTY FREIGHT CHARGES BILL TO:</div>						
Name: _____			BAR CODE SPACE			
Address: _____						
City/State/Zip: _____						
SPECIAL INSTRUCTIONS: _____			Freight Charge Terms: (freight charges are prepaid unless marked otherwise) Prepaid <input checked="" type="checkbox"/> Collect <input type="checkbox"/> 3rd Party <input type="checkbox"/>			
<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading <small>(check box)</small>						
CUSTOMER ORDER INFORMATION						
CUSTOMER ORDER NUMBER		# PKGS	#Pallet	PALLET/SLIP <small>(CIRCLE ONE)</small>	ADDITIONAL SHIPPER INFO	
08780043353		324	5		Bo#08117990209366708	
08780043352		990	14		Bo#08117990209381633	
08780043339		20	1		Bo#08117990209364537	
08780043333		13	1		Bo#08117990209364018	
08780043344		42	1	Y N	Bo#08117990209366289	
GRAND TOTAL		1388	22			
CARRIER INFORMATION						
HANDLING UNIT		PACKAGE		COMMODITY DESCRIPTION		LTL ONLY
QTY	TYPE	QTY	TYPE	WEIGHT	H.M. (X)	NMFC # CLASS
22	PLt	1388	ctns	18000		
GRAND TOTAL						
Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property as follows: The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____.						COD Amount: \$ _____ Fee Terms: Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/>
NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. § 14700(c)(1)(A) and (B). RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request, and to all applicable state and federal regulations.						The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges. <div style="text-align: right;">Shipper Signature _____</div>
SHIPPER SIGNATURE / DATE		Trailer Loaded:		Freight Counted:		CARRIER SIGNATURE / PICKUP DATE
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the U.S. DOT.		<input type="checkbox"/> By Shipper		<input type="checkbox"/> By Shipper		Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the U.S. DOT emergency response guidebook or equivalent documentation in the vehicle. Property described above is received in good order, except as noted.
		<input type="checkbox"/> By Driver		<input type="checkbox"/> By Driver/pallets said to contain		
				<input type="checkbox"/> By Driver/Pieces		

01-23-19

Read Only Form

Kmart (810) Invoice

Header and Summary

Invoice Date:	01/23/2019:	Invoice No:	3429:	Invoice Type:	First Cost Invoice:
PO No :	08780043353:	Contact Name:	JOHN DEBRITTO:	Contact Email:	PRODUCTION.BLUESTAR@GMAIL.COM:
For JIT PO - The PO # must be entered as follows: 0 + last 4 digit from the Ship to Duns + last 6 digit from JIT PO No.:					
Terms Type:		Discount Not Applicable:		Terms Date:	Previously agreed upon:
Disc Percent:	4.5:	Net Days:	20:	Method of Pay:	Collect:
Disc Amount:	1546.47:	Net Due Date:	02/12/2019:	Loc Qualifier:	City and State:
Disc Days Due:	20:	Deferred Due Date:		Loc Descript:	CITY OF INDUSTRY:
Disc Due Date:					Remit To DUNS: 00079173201
Transport Type:		Motor:		Agency Qualifier:	VICS:
Ship To DUNS + 4:	0003947268780				
Bill of Lading #:					Required and must match BOL # from the ASN - except for Small Packages Shipments.:
Code:		Amount:		Method of Handling:	Description:
Allowance:					
Charge:					
Total Inv Amt:	34366.03:	No of Ln Items:	8:	Ship Qty / UOM:	3888: Each

Line Item Details

ID	*Qty Invoiced	*Unit Type	*Unit Price	*Product Type 1	*Product ID 1	*Product Type 2	*Product ID 2	Product Type 3	Product ID 3	Product Type 4	Product ID 4	*Item Description	Pack Size	Size UOM	No of Cartons	Allow Percent	Allow Method of Handling	Allow Description	Monetary Amount	Amount
1	312	Each	8.839	Buyer Item No (KSN)	009497920	14 digit GTIN No	00841708121167	12 digit UPC Code	841708121167	Vendor Item No	S6355	PULL ON LE MEDIUM WASH 2	12	1	Each					2757.768
2	336	Each	8.839	Buyer Item No (KSN)	009497921	14 digit GTIN No	00841708121174	12 digit UPC Code	841708121174	Vendor Item No	S6355	PULL ON LE MEDIUM WASH 4	12	1	Each					2969.904
3	396	Each	8.839	Buyer Item No (KSN)	009497922	14 digit GTIN No	00841708121181	12 digit UPC Code	841708121181	Vendor Item No	S6355	PULL ON LE MEDIUM WASH 6	12	1	Each					3500.244
4	636	Each	8.839	Buyer Item No (KSN)	009497923	14 digit GTIN No	00841708121198	12 digit UPC Code	841708121198	Vendor Item No	S6355	PULL ON LE MEDIUM WASH 8	12	1	Each					5621.604
5	648	Each	8.839	Buyer Item No (KSN)	009497924	14 digit GTIN No	00841708121204	12 digit UPC Code	841708121204	Vendor Item No	S6355	PULL ON LE MEDIUM WASH 10	12	1	Each					5727.672
6	636	Each	8.839	Buyer Item No (KSN)	009497925	14 digit GTIN No	00841708121211	12 digit UPC Code	841708121211	Vendor Item No	S6355	PULL ON LE MEDIUM WASH 12	12	1	Each					5621.604
7	600	Each	8.839	Buyer Item No (KSN)	009497926	14 digit GTIN No	00841708121228	12 digit UPC Code	841708121228	Vendor Item No	S6355	PULL ON LE MEDIUM WASH 14	12	1	Each					5303.400
8	324	Each	8.839	Buyer Item No (KSN)	009497927	14 digit GTIN No	00841708121235	12 digit UPC Code	841708121235	Vendor Item No	S6355	PULL ON LE MEDIUM WASH 16	12	1	Each					2863.836

01-23-19

Read Only Form

Kmart (810) Invoice

Header and Summary

Invoice Date:	01/23/2019:	Invoice No:	3430:	Invoice Type:	First Cost Invoice:
PO No :	08780043352:	Contact Name:	JOHN DEBRITTO:	Contact Email:	PRODUCTION.BLUESTAR@GMAIL.COM:
For JIT PO - The PO # must be entered as follows: 0 + last 4 digit from the Ship to Duns + last 6 digit from JIT PO No.					
Terms Type:		Discount Not Applicable:		Terms Date:	Previously agreed upon:
Disc Percent:	4.5:	Net Days:	20:	Method of Pay:	Collect:
Disc Amount:	4725.33:	Net Due Date:	02/12/2019:	Loc Qualifier:	City and State:
Disc Days Due:	20:	Deferred Due Date:		Loc Descript:	CITY OF INDUSTRY:
Disc Due Date:					Remit To DUNS: 00079173201
Transport Type:		Motor:		Agency Qualifier:	VICS:
Ship To DUNS + 4:	0003947268780				
Bill of Lading #:		Amount:	08117990209381633:	Method of Handling:	Required and must match BOL # from the ASN - except for Small Packages Shipments.:
Code:					Description:
Allowance:					
Charge:					
Total Inv Amt:	105007.32:	No of Ln Items:	16:	Ship Qty / UOM:	11880: Each

Line Item Details

ID	*Qty Invoiced	*Unit Type	*Unit Price	*Product Type 1	*Product ID 1	*Product Type 2	*Product ID 2	Product Type 3	Product ID 3	Product Type 4	Product ID 4	*Item Description	Pack Size	Size UOM	No of Cartons	Allow Percent	Allow Method of Handling	Allow Description	Monetary Amount	Amount
1	540	Each	8.839	Buyer Item No (KSN)	008241413	14 digit GTIN No	00841708120986	12 digit UPC Code	841708120986	Vendor Item No	S6355	PULL ON LE DARK WASH 2	12	1	Each					4773.060
2	516	Each	8.839	Buyer Item No (KSN)	008262427	14 digit GTIN No	00841708120993	12 digit UPC Code	841708120993	Vendor Item No	S6355	PULL ON LE DARK WASH 4	12	1	Each					4560.924
3	600	Each	8.839	Buyer Item No (KSN)	008314565	14 digit GTIN No	00841708121006	12 digit UPC Code	841708121006	Vendor Item No	S6355	PULL ON LE DARK WASH 6	12	1	Each					5303.400
4	1020	Each	8.839	Buyer Item No (KSN)	008314566	14 digit GTIN No	00841708121013	12 digit UPC Code	841708121013	Vendor Item No	S6355	PULL ON LE DARK WASH 8	12	1	Each					9015.780
5	1092	Each	8.839	Buyer Item No (KSN)	008592911	14 digit GTIN No	00841708121020	12 digit UPC Code	841708121020	Vendor Item No	S6355	PULL ON LE DARK WASH 10	12	1	Each					9652.188
6	1056	Each	8.839	Buyer Item No (KSN)	008702124	14 digit GTIN No	00841708121037	12 digit UPC Code	841708121037	Vendor Item No	S6355	PULL ON LE DARK WASH 12	12	1	Each					9333.984
7	996	Each	8.839	Buyer Item No (KSN)	008702125	14 digit GTIN No	00841708121044	12 digit UPC Code	841708121044	Vendor Item No	S6355	PULL ON LE DARK WASH 14	12	1	Each					8803.644
8	492	Each	8.839	Buyer Item No (KSN)	008702135	14 digit GTIN No	00841708121051	12 digit UPC Code	841708121051	Vendor Item No	S6355	PULL ON LE DARK WASH 16	12	1	Each					4348.788
9	432	Each	8.839	Buyer Item No (KSN)	009327464	14 digit GTIN No	00841708121075	12 digit UPC Code	841708121075	Vendor Item No	S6355	PULL ON LE BLACK RINSE 2	12	1	Each					3818.448

10	480	Each	8.839	Buyer Item No (KSN)	009327465	14 digit GTIN No	00841708121082	12 digit UPC Code	841708121082	Vendor Item No	S6355	PULL ON LE BLACK RINSE 4	12	1	Each						4242.720
11	540	Each	8.839	Buyer Item No (KSN)	009327466	14 digit GTIN No	00841708121099	12 digit UPC Code	841708121099	Vendor Item No	S6355	PULL ON LE BLACK RINSE 6	12	1	Each						4773.060
12	924	Each	8.839	Buyer Item No (KSN)	009327635	14 digit GTIN No	00841708121105	12 digit UPC Code	841708121105	Vendor Item No	S6355	PULL ON LE BLACK RINSE 8	12	1	Each						8167.236
13	936	Each	8.839	Buyer Item No (KSN)	009327636	14 digit GTIN No	00841708121112	12 digit UPC Code	841708121112	Vendor Item No	S6355	PULL ON LE BLACK RINSE 10	12	1	Each						8273.304
14	960	Each	8.839	Buyer Item No (KSN)	009327638	14 digit GTIN No	00841708121129	12 digit UPC Code	841708121129	Vendor Item No	S6355	PULL ON LE BLACK RINSE 12	12	1	Each						8485.440
15	864	Each	8.839	Buyer Item No (KSN)	009327639	14 digit GTIN No	00841708121136	12 digit UPC Code	841708121136	Vendor Item No	S6355	PULL ON LE BLACK RINSE 14	12	1	Each						7636.896
16	432	Each	8.839	Buyer Item No (KSN)	009327640	14 digit GTIN No	00841708121143	12 digit UPC Code	841708121143	Vendor Item No	S6355	PULL ON LE BLACK RINSE 16	12	1	Each						3818.448

01-23-19

Kmart (810) Invoice

Read Only Form

Header and Summary

Invoice Date:	01/25/2019:	Invoice No:	3442:	Invoice Type:	First Cost Invoice:
PO No:	08780043337:	Contact Name:	JOHN DEBRITTO:	Contact Email:	PRODUCTION.BLUESTAR@GMAIL.COM:
For JIT PO - The PO # must be entered as follows: 0 + last 4 digit from the Ship to Duns + last 6 digit from JIT PO No.:					
Terms Type:	Discount Not Applicable:		Previously agreed upon:		
Disc Percent:	4.5:	Net Days:	20:	Method of Pay:	Collect:
Disc Amount:	146.72:	Net Due Date:	02/14/2019:	Loc Qualifier:	City and State:
Disc Days Due:	20:	Deferred Due Date:	.....	Loc Descript:	CITY OF INDUSTRY:
Disc Due Date:	.....	Deferred Amt Due:	.....	.....	Remit To DUNS: 00079173201
Transport Type:	Motor:		VICIS:		
Ship To DUNS + 4:	0003947268780				
Bill of Lading #:	08117990209393209:				
Code:	Amount:		Required and must match BOL # from the ASN - except for Small Packages Shipments.:		
Allowance:	.....	.....	Description:		
Charge:	.....	.....	.....
Total Inv Amt:	3260.4:	No of Ln Items:	1:	Ship Qty / UOM:	26: Case

Line Item Details

ID	*Qty Invoiced	*Unit Type	*Unit Price	*Product Type 1	*Product ID 1	*Product Type 2	*Product ID 2	Product Type 3	Product ID 3	Product Type 4	Product ID 4	*Item Description	Pack Size	Size UOM	No of Cartons	Allow Percent	Allow Method of Handling	Allow Description	Monetary Amount
1	26	Case	125.4	Buyer Item No (KSN)	007146856	14 digit GTIN No	00841708148010	PR	RO			DESTRUCTED SKN	12	12	Each				3260.400
												JEAN 12 PC WHITE							

Date: 01/25/2019

BILL OF LADING

Page 1

SHIP FROM

Name: **Bluestar Fashion / UNION LOGISTICS**

Address: 14700 Nelson Ave

City/State/Zip: City of Industry CA 91744

SID#:

FOB: ☐

Load# 19012400520

SHIP TO

Name: Kmart/Sears

Location #:

Address: 1475 Nitterhouse dr

City/State/Zip: Chambersburg, PA 17201

CID#:

FOB: ☐

CARRIER NAME: Dart

Trailer number: **53904**

Seal number(s): **9215162**

SCAC:

Pro number:

THIRD PARTY FREIGHT CHARGES BILL TO:

Name:

Address:

City/State/Zip:

SPECIAL INSTRUCTIONS:

BAR CODE SPACE

Freight Charge Terms: (freight charges are prepaid unless marked otherwise)

Prepaid ☒ Collect ☐ 3rd Party ☐

☐ Master Bill of Lading: with attached underlying Bills of Lading (check box)

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	#Pallet	PALLET/SLIP (CIRCLE ONE)	ADDITIONAL SHIPPER INFO
08780043337	26			Bo#08117990209393209
08780043342	59			Bo#08117990209392202
08780043338	35			Bo#08117990209395449
08780043343	68			Bo#08117990209394411
08780043340	72			Bo#08117990209400716
08781018065	24			Bo#08117990209403052
08781018068	24			Bo#08117990209402376
08781018071	148			Bo#08117990209407548
08781018070	37			Bo#08117990209401430
08781017955	292			Bo#08117990209414485
GRAND TOTAL	785	16		

CARRIER INFORMATION

HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
16	Plt	785	ctns	15360				
GRAND TOTAL								

Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property as follows:

"The agreed or declared value of the property is specifically stated by the shipper to be not exceeding

per

COD Amount: \$

Fee Terms: Collect: ☐ Prepaid: ☐

Customer check acceptable: ☐

NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. § 14706(c)(1)(A) and (B).

RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request, and to all applicable state and federal regulations.

The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.

Shipper

Signature

SHIPPER SIGNATURE / DATE

This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the U.S. DOT.

Trailer Loaded:

☐ By Shipper
☐ By Driver

Freight Counted:

☐ By Shipper
☐ By Driver/pallets sold to contain
☐ By Driver/Pieces

CARRIER SIGNATURE / PICKUP DATE

Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the U.S. DOT emergency response guidebook or equivalent documentation in the vehicle.

1-25-19
Property described above is received in good order, except as noted.

Read Only Form

Kmart (810) Invoice

Header and Summary

Invoice Date:	01/25/2019:	Invoice No:	3443:	Invoice Type:	First Cost Invoice:
PO No.:	08780043342:	Contact Name:	JOHN DEBRITTO:	Contact Email:	PRODUCTION.BLUESTAR@GMAIL.COM:
For JIT PO - The PO # must be entered as follows: 0 + last 4 digit from the Ship to Duns + last 6 digit from JIT PO No.:					
Terms Type:	Discount Not Applicable:		Previously agreed upon:		
Disc Percent:	4.5:	Net Days:	20:	Method of Pay:	Collect:
Disc Amount:	249.7:	Net Due Date:	02/14/2019:	Loc Qualifier:	City and State:
Disc Days Due:	20:	Deferred Due Date:	.....:	Loc Descript:	CITY OF INDUSTRY:
Disc Due Date:	.....:	Deferred Amt Due:	.....:	Agency Qualifier:	Remit To DUNS: 00079173201
Transport Type:	Motor:		VICIS:		
Ship To DUNS + 4:	0003947268780				
Bill of Lading #:	08117990209392202:				
Code:	Amount:		Description:		
Allowance::	:		
Charge::	:		
Total Inv Amt:	5548.95:	No of Ln Items:	1:	Ship Qty / UOM:	59: Case

Required and must match BOL # from the ASN - except for Small Packages Shipments.:

Line Item Details

ID	*Qty Invoiced	*Unit Type	*Unit Price	*Product Type 1	*Product ID 1	*Product Type 2	*Product ID 2	Product Type 3	Product ID 3	Product Type 4	Product ID 4	*Item Description	Pack Size	Size UOM	No of Cartons	Allow Percent	Allow Rate	Allow Method of Handling	Allow Description	Monetary Amount
1	59	Case	94.05	Buyer Item No (KSN)	006980027	14 digit GTIN No	00841708148003	PR	RO			DESTRUCTED SKN JEAN 9PC ASST WHITE	9	9	Each					\$548.950

Date: 01/25/2019		BILL OF LADING		Page <u>1</u>				
SHIP FROM			SHIP TO					
Name: Bluestar Fashion / UNION LOGISTICS Address: 14700 Nelson Ave City/State/Zip: City of Industry CA 91744 SID#: _____ FOB: <input type="checkbox"/>			Load# 19012400520 CARRIER NAME: Dart Trailer number: 53904 Seal number(s): 9215162 SCAC: Pro number:					
Name: Kmart/Sears Location #: _____ Address: 1475 Nitterhouse dR City/State/Zip: Chambersburg, PA 17201 CID#: _____ FOB: <input type="checkbox"/>			BAR CODE SPACE Freight Charge Terms: (freight charges are prepaid unless marked otherwise) Prepaid <input checked="" type="checkbox"/> Collect _____ 3rd Party _____ <input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading (check box)					
Name: _____ Address: _____ City/State/Zip: _____ SPECIAL INSTRUCTIONS:								
CUSTOMER ORDER INFORMATION								
CUSTOMER ORDER NUMBER		# PKGS	#Pallet	PALLET/SLIP (CIRCLE ONE)	ADDITIONAL SHIPPER INFO			
08780043337		26	1		Bo#08117990209393209			
08780043342		59	1		Bo#08117990209392202			
08780043338		35	1		Bo#08117990209395449			
08780043343		68	1		Bo#08117990209394411			
08780043340		72	1		Bo#08117990209400716			
08781018065		24	1		Bo#08117990209403052			
08781018068		24	1		Bo#08117990209402376			
08781018071		148	2		Bo#08117990209407548			
08781018070		37	1		Bo#08117990209401430			
08781017955		292	6		Bo#08117990209414485			
GRAND TOTAL		785	16					
CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(f) of NMFC Item 300</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
16	PLt	785	ctns	15360				
				GRAND TOTAL				
Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property as follows: "The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____."						COD Amount: \$ _____ Fee Terms: Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/>		
NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. § 14706(c)(1)(A) and (B). RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request, and to all applicable state and federal regulations.						The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges. Shipper Signature: _____		
SHIPPER SIGNATURE / DATE This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the U.S. DOT.				Trailer Loaded: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver		Freight Counted: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces		CARRIER SIGNATURE / PICKUP DATE Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the U.S. DOT emergency response guidebook or equivalent documentation in the vehicle. 1-25-19 <i>[Signature]</i>

Read Only Form

Kmart (810) Invoice

Header and Summary

Invoice Date:	01/25/2019:	Invoice No:	3444:	Invoice Type:	First Cost Invoice:
PO No :	08780043338:	Contact Name:	JOHN DEBRITTO:	Contact Email:	PRODUCTION.BLUESTAR@GMAIL.COM:
For JIT PO - The PO # must be entered as follows: 0 + last 4 digit from the Ship to Duns + last 6 digit from JIT PO No.:					
Terms Type:	Discount Not Applicable:		Previously agreed upon:		
Disc Percent:	4.5:	Net Days:	20:	Method of Pay:	Collect:
Disc Amount:	141.86:	Net Due Date:	02/13/2019:	Loc Qualifier:	City and State:
Disc Days Due:	20:	Deferred Due Date:	.....	Loc Descript:	CITY OF INDUSTRY:
Disc Due Date:	.....	Deferred Amt Due:	.....	Agency Qualifier:	Remit To DUNS: 00079173201
Transport Type:	Motor:		VICS:		
Ship To DUNS + 4:	0003947268780				
Bill of Lading #:	08117990209395449:				
Code:	Amount:		Description:		
Allowance:	.....		.....
Charge:	.....		.....
Total Inv Amt:	3152.4:	No of Ln Items:	2:	Ship Qty / UOM:	35: Case

Line Item Details

ID	*Qty Invoiced	*Unit Price	*Product Type 1	*Product Type 2	*Product ID 1	*Product ID 2	Product Type 3	Product ID 3	Product Type 4	Product ID 4	*Item Description	Pack Size	Size UOM	No of Cartons	Allow Percent	Allow Rate	Allow Method of Handling	Allow Description	Monetary Amount	Amount
1	16	Case	95.85	Buyer Item No (KSN)	006209249	14 digit GTIN No	00841708147785	PR	RO		BUTTON FRNT PINAFORE 8PCS BLACK	9	Each						1533.600	
2	19	Case	85.2	Buyer Item No (KSN)	006944339	14 digit GTIN No	00841708147792	PR	RO		BUTTON FRNT PINAFORE 8PCS AST BLACK	8	Each						1618.800	

Date: 01/25/2019		BILL OF LADING		Page <u>1</u>		
SHIP FROM			SHIP TO			
Name: Bluestar Fashion / UNION LOGISTICS Address: 14700 Nelson Ave City/State/Zip: City of Industry CA 91744 SID#: _____ FOB: <input type="checkbox"/>			Load# 19012400520 CARRIER NAME: Dart Trailer number: 53904 Seal number(s): 9215162 SCAC: Pro number:			
Name: Kmart/Sears Location #: _____ Address: 1475 Nitterhouse dR City/State/Zip: Chambersburg, PA 17201 CID#: _____ FOB: <input type="checkbox"/>			Freight Charge Terms: (freight charges are prepaid unless marked otherwise) Prepaid <input checked="" type="checkbox"/> Collect _____ 3rd Party _____			
THIRD PARTY FREIGHT CHARGES BILL TO:			BAR CODE SPACE			
Name: Address: City/State/Zip:						
SPECIAL INSTRUCTIONS:			Freight Charge Terms: (freight charges are prepaid unless marked otherwise) Prepaid <input checked="" type="checkbox"/> Collect _____ 3rd Party _____ <input type="checkbox"/> (check box) Master Bill of Lading: with attached underlying Bills of Lading			
CUSTOMER ORDER INFORMATION						
CUSTOMER ORDER NUMBER		# PKGS	#Pallet	PALLET/SLIP (CIRCLE ONE)	ADDITIONAL SHIPPER INFO	
08780043337		26	1		Bo#08117990209393209	
08780043342		59	1		Bo#08117990209392202	
08780043338		35	1		Bo#08117990209395449	
08780043343		68	1		Bo#08117990209394411	
08780043340		72	1		Bo#08117990209400716	
08781018065		24	1		Bo#08117990209403052	
08781018068		24	1		Bo#08117990209402376	
08781018071		148	2		Bo#08117990209407548	
08781018070		37	1		Bo#08117990209401430	
08781017955		292	6		Bo#08117990209414485	
GRAND TOTAL		785	16			
CARRIER INFORMATION						
HANDLING UNIT		PACKAGE		COMMODITY DESCRIPTION		LTL ONLY
QTY	TYPE	QTY	TYPE	WEIGHT	H.M. (X)	NMFC # CLASS
16	PLt	785	ctns	15360		
GRAND TOTAL						
Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property as follows: "The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____."					COD Amount: \$ _____ Fee Terms: Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/>	
NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. § 14708(c)(1)(A) and (B). RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request, and to all applicable state and federal regulations.						
SHIPPER SIGNATURE / DATE This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the U.S. DOT.				Trailer Loaded: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver		Freight Counted: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces
				CARRIER SIGNATURE / PICKUP DATE Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the U.S. DOT emergency response guidebook or equivalent documentation in the vehicle. 1-25-19 Shen		

Kmart (810) Invoice

Read Only Form

Header and Summary

Invoice Date:	01/25/2019:	Invoice No:	3445:	Invoice Type:	First Cost Invoice:
PO No :	08780043343:	Contact Name:	JOHN DEBRITTO:	Contact Email:	PRODUCTION.BLUESTAR@GMAIL.COM:
For JIT PO - The PO # must be entered as follows: 0 + last 4 digit from the Ship to Duns + last 6 digit from JIT PO No.:					
Terms Type:		Discount Not Applicable:		Previously agreed upon:	
Disc Percent:	4.5:	Net Days:	20:	Method of Pay:	Collect:
Disc Amount:	228.12:	Net Due Date:	02/14/2019:	Loc Qualifier:	City and State:
Disc Days Due:	20:	Deferred Due Date:	.....	Loc Descript:	CITY OF INDUSTRY:
Disc Due Date:	.....	Deferred Amt Due:	.....	.....	Remit To DUNS: 00079173201
Transport Type:		Motor:		Agency Qualifier:	
Ship To DUNS + 4: 0003947268780					
Bill of Lading #:		08117990209394411:			
Code:		Amount:		Method of Handling:	Description:
Allowance:	.....	.....		.....	.....
Charge:	.....	.....		.....	.....
Total Inv Amt:	5069.4:	No of Ln Items:	1:	Ship Qty / UOM:	68: Case

Line Item Details

ID	*Qty Invoiced	*Unit Price	*Product Type 1	*Product ID 1	*Product Type 2	*Product ID 2	Product Type 3	Product ID 3	Product Type 4	Product ID 4	*Item Description	Package Size	Size UOM	No of Cartons	Allow Percent	Allow Rate	Allow Method of Handling	Allow Description	Monetary Amount
1	68	Case	74.55	Buyer Item No (KSN)	006199239	14 digit GTIN No	PR	RO			BUTTON FRNT PINAFOR 7PC AST BLACK	7	Each						\$5069.400

Date: 01/25/2019		BILL OF LADING		Page <u>1</u>		
SHIP FROM						
Name: Bluestar Fashion / UNION LOGISTICS				Load# 19012400520		
Address: 14700 Nelson Ave City/State/Zip: City of Industry CA 91744						
SID#: _____ FOB: <input type="checkbox"/>						
SHIP TO						
Name: Kmart/Sears		Location #: _____		CARRIER NAME: Dart		
Address: 1475 Nitterhouse dR				Trailer number: 53904		
City/State/Zip: Chambersburg, PA 17201				Seal number(s): 9215162		
CID#: _____ FOB: <input type="checkbox"/>				SCAC: _____		
THIRD PARTY FREIGHT CHARGES BILL TO:				Pro number: _____		
Name: _____				BAR CODE SPACE		
Address: _____						
City/State/Zip: _____						
SPECIAL INSTRUCTIONS: _____				Freight Charge Terms: (freight charges are prepaid unless marked otherwise) Prepaid <input checked="" type="checkbox"/> Collect _____ 3rd Party _____		
				<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading (check box)		
CUSTOMER ORDER INFORMATION						
CUSTOMER ORDER NUMBER		# PKGS	#Pallet	PALLET/SLIP (CIRCLE ONE)	ADDITIONAL SHIPPER INFO	
08780043337	✓	26	1		Bo#08117990209393209	
08780043342	✓	59	1		Bo#08117990209392202	
08780043338	✓	35	1		Bo#08117990209395449	
08780043343	✓	68	1		Bo#08117990209394411	
08780043340	✓	72	1		Bo#08117990209400716	
08781018065	✓	24	1		Bo#08117990209403052	
08781018068	✓	24	1		Bo#08117990209402376	
08781018071	✓	148	2		Bo#08117990209407548	
08781018070	✓	37	1		Bo#08117990209401430	
08781017955		292	6		Bo#08117990209414485	
GRAND TOTAL		785	16			
CARRIER INFORMATION						
HANDLING UNIT		PACKAGE		COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(a) of NMFC Item 300</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE		NMFC #	CLASS
16	PLT	785	ctns	15360		
GRAND TOTAL						
Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property as follows: "The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____"				COD Amount: \$ _____ Fee Terms: Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/>		
NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. § 14706(c)(1)(A) and (B). RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request, and to all applicable state and federal regulations.						
SHIPPER SIGNATURE / DATE <small>This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the U.S. DOT.</small>				The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges. Signature _____ Shipper		
Trailer Loaded: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver		Freight Counted: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces		CARRIER SIGNATURE / PICKUP DATE <small>Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the U.S. DOT emergency response guidebook or equivalent documentation in the vehicle.</small> 1-25-19 <i>John Conner 117954</i>		

Read Only Form

Kmart (810) Invoice

Header and Summary

Invoice Date:	01/25/2019:	Invoice No:	3446:	Invoice Type:	First Cost Invoice:
PO No.:	08780043340:	Contact Name:	JOHN DEBRITTO:	Contact Email:	PRODUCTION.BLUESTAR@GMAIL.COM:
For JIT PO - The PO # must be entered as follows: 0 + last 4 digit from the Ship to Duns + last 6 digit from JIT PO No.:					
Terms Type:					
Disc Percent:	4.5:	Net Days:	20:	Terms Date:	Previously agreed upon:
Disc Amount:	293.99:	Net Due Date:	02/14/2019:	Method of Pay:	Collect:
Disc Days Due:	20:	Deferred Due Date:	.....	Loc Qualifier:	City and State:
Disc Due Date:	.....	Deferred Amt Due:	.....	Loc Descript:	CITY OF INDUSTRY:
Transport Type:	.....	Motor:	.....	Agency Qualifier:	Remit To DUNS: 00079173201
Ship To DUNS + 4:	0003947268780	VICIS:			
Bill of Lading #:	.....	Required and must match BOL # from the ASN - except for Small Packages Shipments.:			
Code:	.....	Amount:	.....	Method of Handling:	Description:
Allowance:	.....	.....	.....	.....	.....
Charge:	.....	.....	.....	.....	.....
Total Inv Amt:	6533.15:	No of Ln Items:	3:	Ship Qty / UOM:	72: Case

Line Item Details

ID	*Qty Invoiced	*Unit Type	*Unit Price	*Product Type 1	*Product Type 1	*Product ID 1	*Product Type 2	*Product ID 2	Product Type 3	Product ID 3	Product Type 4	Product ID 4	*Item Description	Pack Size	Size UOM	No of Cartons	Allow Percent	Allow Rate	Allow Method of Handling	Allow Description	Monetary Amount
1	34	Case	86.45	Buyer Item No (KSN)	007614477	14 digit GTIN No	00841708148393	PR	RO				CROPPED DENIM JACKET7PC	7	7	Each					2939.300
2	17	Case	74.1	Buyer Item No (KSN)	007614505	14 digit GTIN No	00841708148409	PR	RO				CROPPED DENIM JACKET6PCS	6	6	Each					1259.700
3	21	Case	111.15	Buyer Item No (KSN)	007621922	14 digit GTIN No	00841708148416	PR	RO				CROPPED DENIM JACKET9PCS	9	9	Each					2334.150

Date: 01/25/2019		BILL OF LADING		Page <u>1</u>		
SHIP FROM			SHIP TO			
Name: Bluestar Fashion / UNION LOGISTICS Address: 14700 Nelson Ave City/State/Zip: City of Industry CA 91744 SID#: _____ FOB: <input type="checkbox"/>			Load# 19012400520 CARRIER NAME: Dart Trailer number: 53904 Seal number(s): 9215162 SCAC: Pro number:			
Name: Kmart/Sears Location #: _____ Address: 1475 Nitterhouse dR City/State/Zip: Chambersburg, PA 17201 CID#: _____ FOB: <input type="checkbox"/>			BAR CODE SPACE			
Name: _____ Address: _____ City/State/Zip: _____						
THIRD PARTY FREIGHT CHARGES BILL TO:			Freight Charge Terms: (freight charges are prepaid unless marked otherwise) Prepaid <input checked="" type="checkbox"/> Collect _____ 3rd Party _____ <input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading			
SPECIAL INSTRUCTIONS:						
CUSTOMER ORDER INFORMATION						
CUSTOMER ORDER NUMBER		# PKGS	#Pallet	PALLET/SLIP (CIRCLE ONE)	ADDITIONAL SHIPPER INFO	
08780043337		26	1		Bo#08117990209393209	
08780043342		59	1		Bo#08117990209392202	
08780043338		35	1		Bo#08117990209395449	
08780043343		68	1		Bo#08117990209394411	
08780043340		72	1		Bo#08117990209400716	
08781018065		24	1		Bo#08117990209403052	
08781018068		24	1		Bo#08117990209402376	
08781018071		148	2		Bo#08117990209407548	
08781018070		37	1		Bo#08117990209401430	
08781017955		292	6		Bo#08117990209414485	
GRAND TOTAL		785	16			
CARRIER INFORMATION						
HANDLING UNIT		PACKAGE		COMMODITY DESCRIPTION		LTL ONLY
QTY	TYPE	QTY	TYPE	WEIGHT	H.M. (X)	NMFC # CLASS
16	PLt	785	ctns	15360		
GRAND TOTAL						
Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property as follows: "The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____."					COD Amount: \$ _____ Fee Terms: Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/>	
NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. § 14708(c)(1)(A) and (B). RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request, and to all applicable state and federal regulations.						The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.
SHIPPER SIGNATURE / DATE				Signature _____ Shipper		
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the U.S. DOT.				Trailer Loaded: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver		
				Freight Counted: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces		
CARRIER SIGNATURE / PICKUP DATE Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the U.S. DOT emergency response guidebook or equivalent documentation in the vehicle. Dart 1-25-19 SLL Property described above is received in good order, except as noted.						

Read Only Form

Kmart (810) Invoice

Header and Summary

Invoice Date:	01/28/2019:	Invoice No:	3453:	Invoice Type:	First Cost Invoice:
PO No :	08780043868:	Contact Name:	JOHN DEBRITTO:	Contact Email:	PRODUCTION.BLUESTAR@GMAIL.COM:
For JIT PO - The PO # must be entered as follows: 0 + last 4 digit from the Ship to Duns + last 6 digit from JIT PO No.:					
Terms Type:	Discount Not Applicable:		Terms Date:	Previously agreed upon:	
Disc Percent:	4.5:	Net Days:	20:	Method of Pay:	Collect:
Disc Amount:	189.78:	Net Due Date:	02/17/2019:	Loc Qualifier:	City and State:
Disc Days Due:	20:	Deferred Due Date:	.....	Loc Description:	CITY OF INDUSTRY:
Disc Due Date:	.....	Deferred Amt Due:	.....	.....	Remit To DUNS: 00079173201
Transport Type:	Motor:		Agency Qualifier:	VICIS:	
Ship To DUNS + 4:	0003947268780				
Bill of Lading #:	08117990209403298:				
Code:	Amount:		Method of Handling:	Description:	
Allowance:	.....		.....	.....
Charge:	.....		.....	.....
Total Inv Amt:	4217.4:	No of Ln Items:	1:	Ship Qty / UOM:	44: Case

Line Item Details

ID	*Qty Invoiced	*Unit Type	*Unit Price	*Product Type 1	*Product Type 2	*Product ID 2	Product Type 3	Product ID 3	Product Type 4	Product ID 4	*Item Description	Pack Size	Size UOM	No of Cartons	Allow Percent	Allow Rate	Allow Method of Handling	Allow Description	Monetary Amount	Amount
1	44	Case	95.85	Buyer Item No (KSN)	002573880	14 digit GTIN No	PR	RO			PINAFOR 9PCS BTN FRNT	9	9 Each							4217.400

Date: 01/28/2019

BILL OF LADING

Page 1

SHIP FROM
Name: **Bluestar Fashion / UNION LOGISTICS**

Address: 14700 Nelson Ave
City/State/Zip: City of Industry CA 91744

SID#: _____ FOB: ☐

SHIP TO
Name: Western Regional Specialty DC Location #: _____

Address: 3100 MILLIKEN AVE
City/State/Zip: MIRA LOMA, CA 91752

CID#: _____ FOB: ☐

Load# 19012500344

CARRIER NAME: Dart
Trailer number: 534106
Seal number(s): 9215164

SCAC:

Pro number:

THIRD PARTY FREIGHT CHARGES BILL TO:

Name:

Address:

City/State/Zip:

SPECIAL INSTRUCTIONS:

BAR CODE SPACE

Freight Charge Terms: (freight charges are prepaid unless marked otherwise)

Prepaid ☒ Collect _____ 3rd Party _____

☐ Master Bill of Lading: with attached underlying Bills of Lading

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	#Pallet	PALLET/SLIP (CIRCLE ONE)	ADDITIONAL SHIPPER INFO
08780043868	44	1		Bo#08117990209403298
GRAND TOTAL	44	1		

CARRIER INFORMATION

HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
	PLt	44	ctns	520				
GRAND TOTAL								

Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property as follows:

"The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____"

COD Amount: \$ _____

Fee Terms: Collect: ☐ Prepaid: ☐

Customer check acceptable: ☐

NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. § 14706(c)(1)(A) and (B).

RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request, and to all applicable state and federal regulations.

The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.

Shipper

Signature

SHIPPER SIGNATURE / DATE

This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the U.S. DOT.

Trailer Loaded:

☐ By Shipper
☐ By Driver

Freight Counted:

☐ By Shipper
☐ By Driver/pallets said to contain
☐ By Driver/Pieces

CARRIER SIGNATURE / PICKUP DATE

Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the U.S. DOT emergency response guidebook or equivalent document on the vehicle.

Produce described above is received in good order, except as noted.

1/28/19

Read Only Form

Kmart (810) Invoice

Header and Summary

Invoice Date:	01/29/2019:	Invoice No:	3454:	Invoice Type:	First Cost Invoice:
PO No.:	08780043758:	Contact Name:	JOHN DEBRITTO:	Contact Email:	PRODUCTION.BLUESTAR@GMAIL.COM:
For JIT PO - The PO # must be entered as follows: 0 + last 4 digit from the Ship to Duns + last 6 digit from JIT PO No.:					
Terms Type:		Discount Not Applicable:		Terms Date:	Previously agreed upon:
Disc Percent:	4.5:	Net Days:	20:	Method of Pay:	Collect:
Disc Amount:	951.35:	Net Due Date:	02/18/2019:	Loc Qualifier:	City and State:
Disc Days Due:	20:	Deferred Due Date:		Loc Descript:	CITY OF INDUSTRY:
Disc Due Date:				Deferred Amt Due:	Remit To DUNS: 00079173201
Transport Type:		Motor:		Agency Qualifier:	VICS:
Ship To DUNS + 4:	0003947268780				
Bill of Lading #:				08117990209417400:	Required and must match BOL # from the ASN - except for Small Packages Shipments.:
Code:		Amount:		Method of Handling:	Description:
Allowance:					
Charge:					
Total Inv Amt:	21141:	No of Ln Items:	21:	Ship Qty / UOM:	1908: Each

Line Item Details

ID	*Qty Invoiced	*Unit Type	*Unit Price	*Product Type 1	*Product ID 1	*Product Type 2	*Product ID 2	Product Type 3	Product ID 3	Product Type 4	Product ID 4	*Item Description	Pack Size	Size UOM	No of Cartons	Allow Percent	Allow Method of Handling	Allow Description	Monetary Amount
1	60	Each	10.5	Buyer Item No (KSN)	006101602	14 digit GTIN No	00841708146719	12 digit UPC Code	841708146719	Vendor Item No	MS8 F13D001SK	ALDENIM SKINNY BLACKBLACK	12	1	Each				630.000
2	96	Each	10.5	Buyer Item No (KSN)	006106464	14 digit GTIN No	00841708146726	12 digit UPC Code	841708146726	Vendor Item No	MS8 F13D001SK	ALDENIM SKINNY BLACKBLACK	12	1	Each				1008.000
3	96	Each	10.5	Buyer Item No (KSN)	006106475	14 digit GTIN No	00841708146740	12 digit UPC Code	841708146740	Vendor Item No	MS8 F13D001SK	ALDENIM SKINNY BLACKBLACK	12	1	Each				1008.000
4	48	Each	10.5	Buyer Item No (KSN)	006106495	14 digit GTIN No	00841708146764	12 digit UPC Code	841708146764	Vendor Item No	MS8 F13D001SK	ALDENIM SKINNY BLACKBLACK	12	1	Each				504.000
5	108	Each	10.5	Buyer Item No (KSN)	006106628	14 digit GTIN No	00841708146771	12 digit UPC Code	841708146771	Vendor Item No	MS8 F13D001SK	ALDENIM SKINNY BLACKBLACK	12	1	Each				1134.000
6	24	Each	10.5	Buyer Item No (KSN)	006106710	14 digit GTIN No	00841708146788	12 digit UPC Code	841708146788	Vendor Item No	MS8 F13D001SK	ALDENIM SKINNY BLACKBLACK	12	1	Each				252.000
7	180	Each	11.25	Buyer Item No (KSN)	006127501	14 digit GTIN No	00841708146795	12 digit UPC Code	841708146795	Vendor Item No	M104T	ALDENIM SKINNY INDIGINDIGO	12	1	Each				2025.000
8	120	Each	11.25	Buyer Item No (KSN)	006128101	14 digit GTIN No	00841708146801	12 digit UPC Code	841708146801	Vendor Item No	M104T	ALDENIM SKINNY INDIGINDIGO	12	1	Each				1350.000
9	132	Each	11.25	Buyer Item No (KSN)	006128110	14 digit GTIN No	00841708146818	12 digit UPC Code	841708146818	Vendor Item No	M104T	ALDENIM SKINNY INDIGINDIGO	12	1	Each				1485.000

Date: 01/29/2019

BILL OF LADING

Page 1

SHIP FROM
Name: **Bluestar Fashion / UNION LOGISTICS**

Address: 14700 Nelson Ave
City/State/Zip: City of Industry CA 91744

SID#: _____ FOB: ☐

Load# 19012800566

SHIP TO
Name: Western Regional Specialty DC Location #: _____

Address: 3100 MILLIKEN AVE
City/State/Zip: MIRA LOMA, CA 91752

CID#: _____ FOB: ☐

CARRIER NAME: Dart
Trailer number: **53841**
Seal number(s): **9215171**

SCAC:

Pro number:

THIRD PARTY FREIGHT CHARGES BILL TO:

Name:

Address:

City/State/Zip:

SPECIAL INSTRUCTIONS:

BAR CODE SPACE

Freight Charge Terms: (freight charges are prepaid unless marked otherwise)

Prepaid ☒ Collect _____ 3rd Party _____

☐ Master Bill of Lading: with attached underlying Bills of Lading

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	#Pallet	PALLET/SLIP (CIRCLE ONE)	ADDITIONAL SHIPPER INFO
08780043758	159	4		Bo#08117990209417400
GRAND TOTAL	159	4		

CARRIER INFORMATION

HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
	PLt	159	ctns	2750				
GRAND TOTAL								

Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property as follows:

The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____.

COD Amount: \$ _____

Fee Terms: Collect: ☐ Prepaid: ☐

Customer check acceptable: ☐

NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. § 14706(c)(1)(A) and (B).

RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request, and to all applicable state and federal regulations.

The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.

Shipper

Signature

SHIPPER SIGNATURE / DATE

This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the U.S. DOT.

Trailer Loaded:

☐ By Shipper
☐ By Driver

Freight Counted:

☐ By Shipper
☐ By Driver/pallets said to contain
☐ By Driver/Pieces

CARRIER SIGNATURE / PICKUP DATE

Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the U.S. DOT emergency response guidebook or equivalent documentation in the vehicle.

Property described above is received in good order, except as noted.

Mmanuel Ormindo
01/29/19

Read Only Form

Kmart (810) Invoice

Header and Summary

Invoice Date:	01/31/2019:	Invoice No:	3461:	Invoice Type:	First Cost Invoice:
PO No :	08780043871:	Contact Name:	JOHN DEBRITTO:	Contact Email:	PRODUCTION.BLUESTAR@GMAIL.COM:
For JIT PO - The PO # must be entered as follows: 0 + last 4 digit from the Ship to Duns + last 6 digit from JIT PO No..					
Terms Type:		Discount Not Applicable:		Terms Date:	Previously agreed upon:
Disc Percent:	4.5:	Net Days:	20:	Method of Pay:	Collect:
Disc Amount:	220.08:	Net Due Date:	02/20/2019:	Loc Qualifier:	City and State:
Disc Days Due:	20:	Deferred Due Date:	.....	Loc Descript:	CITY OF INDUSTRY:
Disc Due Date:	.....	Deferred Amt Due:		.....	Remit To DUNS: 00079173201
Transport Type:		Motor:		Agency Qualifier:	VICS:
Ship To DUNS + 4: 0003947268780					
Bill of Lading #:				08117990209402611:	Required and must match BOL # from the ASN - except for Small Packages Shipments.:
Code:		Amount:		Method of Handling:	Description:
Allowance:	.....	.....		.....	.....
Charge:	.....	.....		.....	.....
Total Inv Amt:	4890.6:	No of Ln Items:	1:	Ship Qty / UOM:	44: Case

Line Item Details

ID	*Qty Invoiced	*Unit Type	*Unit Price	*Product Type 1	*Product ID 1	*Product Type 2	*Product ID 2	Product Type 3	Product ID 3	Product Type 4	Product ID 4	*Item Description	Pack Size	Size UOM	No of Cartons	Allow Percent	Allow Method of Handling	Allow Description	Monetary Amount
1	44	Case	111.15	Buyer Item No (KSN)	002451346	14 digit GTIN No	00841708148652	PR	RO			DENIM JCKT 9PC ASSTD	9	Each					+890.600

Page 1

Load# 19012900713 .

FOB: ☐

FOB: ☐

Pro number:

SPECIAL INSTRUCTIONS:

BAR CODE SPACE

Prepaid X Collect 3rd Party

**Master Bill of Lading: with attached
underlying Bills of Lading**

ADDITIONAL SHIPPER INFO

Bol#08117990209406091

5

CLASS

100

GRAND TOTAL

Customer check acceptable: ☐

Shipper

1-30-19
Property collected above is to be used in good order, except as noted.

Read Only Form

Kmart (810) Invoice

Header and Summary

Invoice Date:	01/31/2019:	Invoice No:	3463:	Invoice Type:	First Cost Invoice:
PO No.:	08780043874:	Contact Name:	JOHN DEBRITTO:	Contact Email:	PRODUCTION.BLUESTAR@GMAIL.COM:
For JIT PO - The PO # must be entered as follows: 0 + last 4 digit from the Ship to Duns + last 6 digit from JIT PO No.:					
Terms Type:		Discount Not Applicable:		Terms Date:	Previously agreed upon:
Disc Percent:	4.5:	Net Days:	20:	Method of Pay:	Collect:
Disc Amount:	790.97:	Net Due Date:	02/20/2019:	Loc Qualifier:	City and State:
Disc Days Due:	20:	Deferred Due Date:		Loc Descript:	CITY OF INDUSTRY:
Disc Due Date:			Deferred Amt Due:		Remit To DUNS: 00079173201
Transport Type:		Motor:		Agency Qualifier:	VICS:
Ship To DUNS + 4:	0003947268780				
Bill of Lading #:				08117990209409023:	Required and must match BOL # from the ASN - except for Small Packages Shipments.:
Code:		Amount:		Method of Handling:	Description:
Allowance:					
Charge:					
Total Inv Amt:	17577:	No of Ln Items:	1:	Ship Qty / UOM:	186: Case

Line Item Details

ID	*Qty Invoiced	*Unit Price	*Product Type 1	*Product Type 2	*Product ID 1	*Product ID 2	Product ID 3	Product ID 4	Product ID 5	*Item Description	Pack Size	Size UOM	No of Cartons	Allow Percent	Allow Rate	Allow Method of Handling	Allow Description	Monetary Amount	Amount
1	186	Case	94.5	Buyer Item No (KSN)	006077023	14 digit GTIN No	00841708150112	PR	RO	SKINNY JEAN 9PC ASST CROCHET	9	9	Each						17577.000

Page 1

Load# 19012900713

FOB: ☐

FOB: ☐

Pro number:Prepaid X Collect _____ 3rd Party _____

5

GRAND TOTAL

Customer check acceptable: ☐

Shipper

CARRIER SIGNATURE / PICKUP DATE
Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the U.S. DOT emergency response guidebook or equivalent documentation in the vehicle.

[Signature] 1-30-19

Property described above is being shipped in good order, except as noted.

Header and Summary

Line Item Details

ID	*Qty Invoiced	*Unit Type	*Unit Price	*Product Type 1	*Product ID 1	*Product Type 2	*Product ID 2	Product Type 3	Product ID 3	Product Type 4	Product ID 4	*Item Description	Pack Size	Size	No of Cartons	Allow Percent	Allow Method of Handling	Allow Description	Monetary Amount
1	57	Case	94.05	Buyer Item No (KSN)	002452537	14 digit GTIN No	00841708148850	PR	RO			EXP BUTTON SI WHITE 9PCS	9	9	Each				5360.850

Center acknowledges receipt of packages and required placards. Center certifies emergency response information was made available and/or carrier has the U.S. DOT emergency response guidebook or equivalent documentation in the vehicle.

1-30-19

Property described above is contained in good order, except as noted.

Read Only Form

Kmart (810) Invoice

Header and Summary

Invoice Date:	01/31/2019:	Invoice No:	3465:	Invoice Type:	First Cost Invoice:
PO No :	08780043865:	Contact Name:	JOHN DEBRITTO:	Contact Email:	PRODUCTION.BLUESTAR@GMAIL.COM:
For JIT PO - The PO # must be entered as follows: 0 + last 4 digit from the Ship to Duns + last 6 digit from JIT PO No.:					
Terms Type:	Previously agreed upon:				
Disc Percent:	4.5:	Net Days:	20:	Method of Pay:	Collect:
Disc Amount:	484.48:	Net Due Date:	02/20/2019:	Loc Qualifier:	City and State:
Disc Days Due:	20:	Deferred Due Date:	.....	Loc Descript:	CITY OF INDUSTRY:
Disc Due Date:	.....	Deferred Amt Due:	.....	.....	Remit To DUNS: 00079173201
Transport Type:	Agency Qualifier:				
Ship To DUNS + 4:	Motor:				
Bill of Lading #:	08117990209406091:				
Code:	Amount:				
Allowance:	.....			
Charge:	.....			
Total Inv Amt:	10766.25:	No of Ln Items:	1:	Ship Qty / UOM:	145: Case

Line Item Details

ID	*Qty Invoiced	*Unit Price	*Product Type 1	*Product ID 1	*Product Type 2	*Product ID 2	Product Type 3	Product ID 3	Product Type 4	Product ID 4	*Item Description	Pack Size	Size UOM	No of Cartons	Allow Percent	Allow Rate	Allow Method of Handling	Allow Description	Monetary Amount	Amount
1	145	Case	Buyer Item No (KSN)	006058766	14 digit GTIN No	00841708150105	PR	RO			DENIM JEGGINGS 9PC ASSTD W/FRAY	9	Each							10766.250

Page 1

Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the U.S. DOT emergency response guidebook or equivalent documentation in the vehicle.

1-30-19

Property described above is accurate in good order, except as noted.